Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.7	deg C			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.51	****	7.91	SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.5	62.1	lb/d	*****	1.5	6	mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	112	mg/L			
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.1181	.2267	lb/d	*****	8	14.5	ug/L			
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0007	.0027	lb/d	*****	.1	.26	ug/L			
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1276	.2086	lb/d	*****	8	14.9	ug/L			
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
Corey Millard/ General Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)4/20/201
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

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ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0399	.0734	lb/d	****	3	4.46	ug/L			
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.736	5.005	cfs	****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	11	#/100mL			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)4/20/201

MM/DD/YYYY

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L			
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	25.09	72.93	cfs	****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

Corey Millard / General Manager

Corey Millard / General Manager

TYPED OR PRINTED

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TYPED OR PRINTED

Matthew Drews

(208)682-5578

ISIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

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ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873 MAJOR

(SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	8.4	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.51	****	8.4	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16.1	40.5	lb/d	*****	1.5	6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	106	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.5078	1.7047	lb/d	*****	67	221	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0068	.0221	lb/d	****	.4	.8	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1377	.3085	lb/d	*****	24.5	40	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAI		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Matthew I rews	TELEP	HONE	DATE
	corey williard, contrar wariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)4/20/201
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ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1883	.7259	lb/d	****	10	30	ug/L		Weekly	COMP24
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.474	5.005	cfs	*****	****	*****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	2	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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Serey Williams Corleter Wallager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578)4/20/201
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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1491	4614	cfs	*****	*****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	12.1	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	7.29	*****	8.17	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	41	164	lb/d	*****	3.75	15	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	163	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.1062	.2463	lb/d	*****	16	22.5	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0014	.0055	lb/d	*****	.1	.5	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.3	.7995	lb/d	*****	31	77.2	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)682-5578

AREA Code

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)5/17/201

MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.039	.058	lb/d	****	3	5.3	ug/L		Weekly	COMP24
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.5	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	13	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEP	HONE	DATE
John Strain Wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)5/17/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	12.5	21.3	cfs	****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEP	HONE	DATE
John Strain Wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68	2-5578)5/17/201
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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
04/01/2017	04/30/2017				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	NODI F	****	NODI F				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0	000027		002-A		
PERMI	NUMBER DISCHARGE NUMBER				
	MONITO	RIN	G PERIOD		
	MONTO		O I LINIOD		
MM.	/DD/YYYY		MM/DD/YYYY		
04	/01/2017		04/30/2017		

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION	TION		FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		****	NODI F	NODI F				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		****	NODI F	NODI F				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		****	NODI F	NODI F				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI F	NODI F		****	NODI F	NODI F				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI F	NODI F		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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Ser ey iviinara, cenerar wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)68)5/17/201	
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MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI F	NODI F		*****	NODI F	NODI F				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI F	NODI F		****	NODI F	NODI F				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI F	NODI F		****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

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05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	15.6	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
РΗ	SAMPLE MEASUREMENT	*****	****	****	7.31	****	7.51	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	33.9	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0381	.0578	lb/d	*****	4	5.9	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.2142	.4274	lb/d	*****	23	46.2	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0082	.018	lb/d	****	1	1.95	ug/L		Weekly	COMP24
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.737	1.921	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	13	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)752-1116)6/12/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>=3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

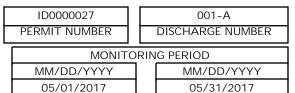
WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER



DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	18.324	49.21	cfs	*****	****	****	****		Daily	RCDFLC
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)752-1116

AREA Code

)6/12/201

MM/DD/YYYY

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

05/31/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	COMP24
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

05/01/2017

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	HONE	DATE
John Strain Wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)752)6/12/201	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

WALLACE, ID 03073

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	21.9	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.82	****	8.41	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	196	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.001	.0039	lb/d	*****	1	6	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0043	.0066	lb/d	*****	7	9.92	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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	corey williard, contrar wariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75)6/13/201 ⁻	
j	TYPED OR PRINTED	and madely, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0038	.0053	lb/d	*****	5	6.32	ug/L		Weekly	COMP24
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.139	.286	cfs	*****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	8	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEP	HONE	DATE
John Strain Wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75)6/13/201	
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1700	4305	cfs	****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

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John Sy Milliar az Corter ar Mariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75)6/13/201	
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